## 121000344584

| (Requ                      | uestor's Name)  |      |
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| (Addr                      | ess)            |      |
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| (City/                     | State/Zip/Phon  | e #) |
| PICK-UP                    | ☐ WAIT          | MAIL |
| (Busi                      | ness Entity Nar | me)  |
| (Doci                      | ument Number)   | 1    |
| Certified Copies           | ·               |      |
| Special Instructions to Fi | ling Officer:   |      |
|                            |                 |      |
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Office Use Only



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T. MATTHEWS

FEB 25 2022

## **COVER LETTER**

| O: Registration Section Division of Corporations   |
|--|
| Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| John M. Lewinard  Name of Person   |
| Firm/Company   |
| 6300 Pelican Bay Blul 204  |
| Noples T2 34108  City/State and Zip Code  jleonard 1029 e a mail. com  JE-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| John M Leonard at (239) 777-8990  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  \$\sigma 25.00\$ Filing Fee \$\square \$\$30.00\$ Filing Fee & \$\square \$\$55.00\$ Filing Fee & \$\square \$\$60.00\$ Filing Fee,  Certificate of Status \$\square \$\$ (additional copy is enclosed) \$\square \$\$ Certificate of Status \$\square \$\$ (additional copy is enclosed) |
| Mailing Address:  Pegistration Section  Registration Section   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Finansowa fr  |   |   |
|---|---|---|
| (A Florid   | ity Company as it now appears on a Limited Liability Company) |   |
| The Articles of Organization for this Limited Liability (Florida document number <u>し ンし の 3 4 4</u>      |   | 30-202/and assigned                         |
| This amendment is submitted to amend the following:   |   |   |
| A. If amending name, enter the new name of the lim  | ited liability company here:                                  |   |
| The new name must be distinguishable and contain the words "Lin   | nited Liability Company," the designation                     | ation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |   |
| (Principal office address MUST BE A STREET ADD  | RESS)   |   |
|   |   |   |
|   |   |   |
| Enter new mailing address, if applicable:   |   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |   |
|   |   |   |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our recor                                | ds, enter the name of the new registered    |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  | Enter Florida si  | reat address                                |
|   | Eruer Florida Si  |   |
|   | City  | , Florida<br>Zip Code                       |
|   |   |   |

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>        | <u>Name</u>         | Address                   | Type of Action |
|---------------------|---------------------|---------------------------|----------------|
| MGR                 | John Michael Leanan | nl Jr.                    | Add            |
|                     |                     | 6300 Pelican Bay Blus     | 2UY<br>□Remove |
|                     |                     | Naples FL 34108           | □Change        |
| AMBR John M. Leonan | John M. Leonard     |                           | □Add           |
|                     |                     | 6300 Pelican Bay Blue 204 | □Remove        |
|                     |                     | Naples FL34108            | Change         |
|                     |                     |                           | 🗆 Add          |
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|                     |                     |                           | □ Change       |

|                              | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| (If an effecti<br>Note: If t | date, if other than the date of filing: (optional)  ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t 's effective date on the Department of State's records. |
| ne record spord is filed.    | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| Dated                        | 02-15 2022  |
|                              | Signature of a member or authorized representative of a member.   |
|                              | John M. Leonard Typed or printed name of signee   |

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